STATE OF HAWAII DEPARTMENT OF HEALTH www.hawaii.gov/health

LIHUE, HI 96766 TELEPHONE NUMBER: (808) 241-3323 FAX: (808) 241-3566

APPLICATION FOR PUBLIC TATTOO SHOP PERMIT

(Please type or print in blue or black ink)

TATTOO SHOP LOCATION ADDRESS STREET: ZIP CODE: ISLAND: OWNER NAME(s) (Corp., LLC, Partnership, Sole Owner, Other) MAILING ADDRESS (If different from above) ATTH OR CIO: STREET: CITY: STATE: STATE: STATE: SIAND: (For Official Health Department use only) Make check payable to: STATE OF HAWAII (BANK ACCOUNT NAME AND ADDRESS MUST BE ON CHECK) Mail application and fee to: SANITATION BRANCH 3040 UMI STREET LIHUE, HAWAII 96766 THERE WILL BE A SERVICE FEE OF \$25.00 AND INTEREST FOR ANY CHECK DISHONORED BY THE BANK. I understand that the issuance of the Tattoo Shop Permit is contingent upon compliance with the sanitary requirements of Hawaii Administrative Rules, Title 11, Chapter 17, Section 3, and that said permit, after issuance, may be revoked or suspended for failure to comply with the provisions of this capter. I am also aware that in the event of withdrawal of this application or failure to qualify for a permit, the fee is not refundable DATE SECTION BELOW FOR OFFICIAL HEALTH DEPARTMENT USE ONLY Permit No. Expiration Date December 31, Reason: Fee Paid Date Signature of Agent/Dept. of Health Sandistrict DATE Signature of Agent/Dept. of Health Sandistrict DATE Signature of Agent/Dept. of Health Sandistrict	TATTOO SHOP NAME (dba)									
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